

# GROUNDWATER MONTHLY OPERATION REPORT

## IOWA DNR WATER SUPPLY SECTION

Facility Name: \_\_\_\_\_

PWSID Number: \_\_\_\_\_

S/EP #: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Day	Pumpage	Quantity Used lbs. or gals. (circle one)	Chlorine								Fluoride			Other		Day	
	to system in thousands of gallons		Free Chlorine (mg/L)				Total Chlorine (mg/L)				Quantity Used lbs. or gals. (circle one)	Raw (mg/L)	S/EP (mg/L)				
			At Plant		In System		At Plant		In System								
			# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.							
1																1	
2																2	
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28																28	
29																29	
30																30	
31																31	
Total																	Total
Avg.																	Avg.
Max.																	Max.
Min.																	Min.

Percentage of available chlorine in compound applied: \_\_\_\_\_ %

I certify that I am familiar with the information contained in this report and that the information is true, complete, and accurate.

DRC Operator or Designee's Signature: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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PWSID Number: \_\_\_\_\_

Year: \_\_\_\_\_

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Total						
Avg.						
Max.						
Min.						

[illegible]

Calculation of maximum disinfectant residual is based on the monthly average of the Total chlorine residual measured at the same time compliance bacterial samples are collected (includes Repeat/Check samples but excludes Specials). **\*Should not exceed 4.0 mg/L.**

The RAA must be calculated at the end of each calendar quarter and include the previous 12 months.

### Water Levels (ft.)

Date:

[illegible]

Comments: \_\_\_\_\_

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